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| **COMPANY PROFILE** |

*These details will enable us to provide the best service to meet your registration requirements*

**PLEASE COMPLETE IN BLOCK CAPITALS**

Please return to the address below, with a copy of your company brochure if available. If you require help in completing this form, please contact us.

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| **1.0 Company Details** | | | |  | | |
| Name of Company: | | | |  | | |
| Address: | | | |  | | |
| Telephone | | | | Email: | | |
| Contact | | | | Position | | |
| Does your company do business under any other name? | | | | YES  NO | | |
| If yes, please give alternative name | | | |  | | |
| Is your company part of a larger organization? | | | | YES  NO | | |
| If yes, please give name of holding company | | | |  | | |
| Do you currently have registration to any other standard? If yes, please identify the standard(s) | | | | YES  NO | | |
| **2.0 Business and processes** | | | |  | | |
| How many locations will be involved? If more than 1 location, please fill out the multisite section on the last page of this form | | | |  | | |
| How do you characterize your business? | | | | Works in a critical business sectors (e.g. healthcare)  Have customers in critical business sectors  Non critical business sector | | |
| How do you describe your business processes? | | | | Standard processes with repetitive tasks  Standard but non-repetitive process with high number of products or services  Complex process, high number of products and service/ many business units included in the scope | | |
| How do you describe the maturity of your management system? | | | | ISMS/SMS is already well established and/or other management systems (e.g. ISO 9001) are in place  Some elements of other management systems are in place  No other management system implemented, ISMS/SMS is new | | |
| Complexity of ISMS/SMS | | | | Little sensitive information, few critical assets, one business process included in ISMS/ SMS provides few services to internal customers   * Some sensitive information, some critical assets and 2~3 simple business process included in ISMS / SMS provides service to internal and external customers | | |
| **3.0 IT Infrastructure** | | | |  | | |
| What best describes your IT Infrastructure | | | | Highly standardized IT environment (e.g. Windows)  Several different IT platforms  Highly diverse IT platforms | | |
| What is your dependency on outsourcing | | | | Little or no dependency  Some dependency  Highly dependent | | |
| Information systems development | | | | None or very limited in-house developments  Some in-house or outsourced developments  Extensive in-house or outsourced developments | | |
| Service availability requirement | | | | Low availability requirement and no or one DR site  Medium or High availability requirement and one DR site  High availability requirement, more than one DR sites | | |
| **4.0 Employee details** | | | |  | | |
| 4.1 Information for determining effective employee count potential reduction of audit days. | | | |  | | |
| 4.2 How many work shifts do you have? | | | |  | | |
| 4.3 How many of the total employees work in operations that are performed on multiple shifts? | | | |  | | |
| 4.4 How many of the total employees work part-time? What are the total hours per work week on average of these part-time employees? | | | |  | | |
| 4.5 Please check which of the following are the primary activities of the site (check all that apply but limit to the major functions of the site): | | | | Manufacturing  Administrative Headquarters  Distribution Center  Energy Distribution  Energy Generation  Assembly  Sterilization  Corporate Headquarters  Service  Repair  Kitting and Packaging  Transportation  Warehousing  Other Please specify | | |
| 4.6 What are the key production and/or service processes that apply to the manufacturing, service, design, or design technology processes? (Examples include: molding, welding, and/or forming) | | | |  | | |
| 4.7 What is the scope you are proposing for your management system? | | | |  | | |
| 4.8 Does any work take place on customer premises for which your organization is responsible? **☐** Yes ☐ No  If yes, please list. | | | |  | | |
| 4.9 List any processes/activities/ products/services to be included in the scope of registration that are outsourced or write n/a. | | | |  | | |
| 4.10 Is there anyone in the organization that cannot communicate verbally in English?  If yes, please specify what languages they verbally communicate in: | | | | Yes  No  Language(s):  Number of Employees:  Process(es) where they work: | | |
| 4.11 Is there a need for written language skills other than English?  If yes, please specify language(s): | | | | Yes  No | | |
| 4.12 Are you currently certified with DQS? | | | |  | | |
| 4.13 Please list any regulatory requirements applicable to the products/services included in the scope of registration (type n/a if not applicable): | | | |  | | |
| 4.14 Does your organization fall under export control requirements which require the auditor to have a specific citizenship? | | | | Yes  No  If yes, please list the requirements | | |
| 4.15 Are you interested in integrated audits of the management system? | | | | Yes  No | | |
| **If you answered No to question 4.16, please skip questions 4.17 - 4.25** | | | | | | |
| 4.16 | Please list the standards which are integrated. | | | | | |
| 4.17 | Do you have integrated documentation including work instructions to a good extent?  Yes  No | | | | | |
| 4.18 | Do you have an integrated management review that considers the overall business strategy and plan?  Yes  No | | | | | |
| 4.19 | Do you have an integrated approach to internal audits?  Yes  No | | | | | |
| 4.20 | Do you have an integrated approach to policy and objectives?  Yes  No | | | | | |
| 4.21 | Do you have an integrated approach to processes?  Yes  No | | | | | |
| 4.22 | Do you have an integrated approach to improvement mechanisms like corrective action, risk-based approach, measurement, and continual improvement?  Yes  No | | | | | |
| 4.23 | Do you have an integrated management with responsibility and authority for conformance of all management systems?  Yes  No | | | | | |
| 4.24 | Please add any comments in regard to the integration questions if explanations are needed. | | | | | |
| **5.0 IT CORE SERVICES** | | | | | | |
| Number of employees (including contractors) to be covered by the certification | | | |  | | |
| 6.0 NEW REGISTRATIONS | | | | | | |
| Registration Requirements | | What type of registration are you seeking? | | | ISO 27001  ISO 20000-1  ISO 22301 | |
|  | | Are you being assisted by a consultant?  If yes, please name (optional) | | | ☐ Yes ☐ No | |
|  | | Please list any processes/products that cannot be assessed because they are classified: | | |  | |
| Registration Target | | What is your target date for registration? | | |  | |
|  | | Do you like to have a Preliminary Assessment?  If yes, please indicate target date | | |  | |
| 7.0 TRANSFER OF REGISTRATIONS | | | | | | |
| Current  Certifications, | | | Certification Body | |  | |
|  | | | ISO 9001 | | | |
|  | | | ISO 22301 | | | |
|  | | | ISO 27001 | | | |
|  | | | ISO 20000-1 | | | |
| Date Registered | | |  | | | |
| Last Visit Date | | |  | | | |
| Visit Duration | | |  | | | |
| Please attach a copy of your current certificate and scope of registration | | | | | | |
| 8.0 ADDITIONAL INFORMATION / COMMENTS | | | | | |
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DQS Inc. Multiple location identification Sheet

You can utilize this sheet to identify the locations of your organization that will be included in the proposed scope of operations. Use multiple sheets if needed.

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| Facility Address  (include zip code and country) | Main functions  (i.e. manufacturing, warehouse, sales, etc) | If requesting quote for Multiple standards, please indicate to which standards this location will be applicable to: | Site Scope | Head-count | No. of shifts | Comments |
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